

**LETTER TO PARENTS
SPECIAL MILK PRICING PROGRAM**

Date _____

Dear Parent or Guardian:

The _____ School participates in the Special Milk Program, but has chosen not to offer free milk. Students may buy half pints of milk for _____ cents.

In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write to the Secretary of Agriculture, Washington, D.C. 20250.

Sincerely,

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